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| Author/Reviewer | SA Feeney | Authoriser | L McCoy |
| Active Date | 07/06/2021 | Page Number | Page 1 of 1 |
| Effective Date | 07/06/2021 | Document Type | Laboratory Form |
| Virology Request Form – GUM Clinic | | | |

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 155645 (9am-5pm Mon-Fri)

| | | | |
|--|-------------------|--|---------|
| Male/Female | Surname (initial) | Forename (initial) | D.O.B. |
| Or affix sticky label here: | | GUM Hospital No | |
| | | Clinic RVH[] Downe[] Causeway[] Altnagelvin[] Newry[] Lisburn [] Other (Specify: _____) | |
| | | Consultant | |
| Clinical indication / information: | | | |
| Tick <input checked="" type="checkbox"/> appropriate box(es): {BHIV} <input type="checkbox"/> HIV screening {BHIP} <input type="checkbox"/> HIV confirmatory test (2nd sample, prev positive) {BBCN} <input type="checkbox"/> HBV (HBsAg) and HCV (antibody) screening {BHBA} <input type="checkbox"/> Response to HBV vaccination (Anti-HBsAg) {BTPT} <input type="checkbox"/> Syphilis Screening {B2Y} <input type="checkbox"/> Store sample for 2 years {BHIO} <input type="checkbox"/> HIV viral load (2 EDTA specimens) {AHV-M} <input type="checkbox"/> Herpes (swab) {TTP-M} <input type="checkbox"/> T.pallidum (swab) {GUM} <input type="checkbox"/> C. trachomatis & N. gonorrhoeae (Endocervical/Vaginal/Rectal/Throat) {GUMU} <input type="checkbox"/> C. trachomatis & N. gonorrhoeae (Urine) {STOR} <input type="checkbox"/> keep sample for possible later testing (contact of NGU case) N.B. Collect urine samples with a 'cobas PCR Urine Sample Kit'. N.B. Collect endocervical, vaginal, rectal and throat swab samples with a 'cobas PCR Female Swab Sample Kit'. NO ADDITIONAL REQUESTS SHOULD BE ADDED TO THIS FORM. If additional requests are required please send a separate blood sample with accompanying Virology general request form. | | | |
| Specimen Type(s) Clotted Blood <input type="checkbox"/> Other - Specify <input type="checkbox"/> _____ | | Spec Date & Time | Lab Use |
| Signature | | | |

- Transport specimens to laboratory in sealed specimen bags. Ensure specimen container lids are well secured to prevent leakage in transit.
- For clinical virology advice contact Duty Virologist E-mail: bl.dutyvirologist@belfasttrust.hscni.net Mobile: 07889086946